

Sign-up form

**If you sign-up by phone you do
not have to fill out this form!
Call 1-800-562-3022 right away!
(TTY/TDD users only, call 1-800-848-5429)**

CASE NUMBER		
CLIENT NAME		
CLIENT ADDRESS		
CITY	STATE	ZIP CODE

Easy as 1-2-3!

1. Write in below how you would like to get your health care.

2. **Which doctor would you like to have as a PCP for this person?** (All doctors you list as PCPs must be in the health plan. If you are not sure, call the doctors and ask if they are with the health plan you want.)

Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:

3. Is anyone who is listed on your medical ID card pregnant or having surgery soon?

☐ Pregnant? Who? Name: _____ Due Date: _____

☐ Surgery? Who? Name: _____ Date: _____

What doctor or other medical provider is this person seeing?

Name of doctor: _____ Office phone: _____

Of the people who are listed on your medical ID card, are there any with a special medical condition or developmental delay?

☐ Yes _____

Please give the name of the person(s) and their special health condition(s):

Let us know your choice.

EASIEST way is to call us toll-free at **1-800-562-3022**

Monday through Friday 7:00 a.m. to 6:00 p.m.

You can use our new message system anytime

TTY/TDD users call 711 or 1-800-848-5429

Or, refold the form with the Business Reply on the outside and send it back to us (no stamp needed). Or, fax the form to 360-725-2144